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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives; priority theme: "The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges"

Statement submitted by American Psychological Association, International Association of Applied Psychology, International Council of Psychologists, International Union of Psychological Science and Society for the Psychological Study of Social Issues, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Psychological perspectives on the empowerment of rural women and girls as a strategy for eradicating poverty

Government commitments and United Nations declarations, conventions and strategies over the past 25 years have increased awareness of gender discrimination and inequality suffered by women and girls, including those in rural areas (see the 1979 Convention on the Elimination of All Forms of Discrimination against Women; the 1985 Nairobi Forward Looking Strategies for the Advancement of Women; the 1989 Convention on the Rights of the Child; the 1995 Beijing Declaration and Platform for Action; the 2006 United Nations Convention on the Rights of Persons with Disabilities; and General Assembly resolution 64/140, on the improvement of the situation of women in rural areas). However, this has not been enough to focus Governments' development priorities and resources on empowering rural women and girls as an effective and sustainable way to eradicate poverty. The perspectives that Member States and United Nations agencies use in their efforts to eradicate poverty focus on economic indicators, and exclude the role of psychological factors in empowering women and girls. This statement highlights important contributions of psychological perspectives on empowerment to poverty reduction.

Seventy per cent of the 1.3 billion persons living in poverty worldwide are women. Rural women and girls, including those with disabilities, face unique and urgent challenges that demand attention by the Commission on the Status of Women and other United Nations bodies. This statement offers recommendations concerning the importance of psychosocial empowerment and mental health as factors, which can contribute to the reduction of poverty in this group. Psychosocial empowerment and mental health will enhance the contributions rural women and girls now make and also allow them to make even greater contributions to the eradication of poverty.

Psychological perspectives on empowering poor rural women and girls

According to the World Health Organization (WHO), empowerment is a process by which persons lacking access to material and social resources gain greater access and control over those resources and improve their life circumstances. Psychological empowerment occurs when a person is enabled to participate in decisions affecting him or her and to exercise some, even limited, control over life choices. It is generally recognized, and supported by psychological and other social science research, that empowerment is essential to progress and stability in national development. There is great cultural and environmental diversity among the communities in which rural women and girls live. These communities have much in common, but they also have unique characteristics. Rural women with disabilities are probably the most disempowered of all rural women because they face discrimination, poverty and related societal risks and are often ignored in policy planning. Therefore, empowerment efforts that target rural women and girls have to be culturally and demographically relevant to the communities they serve to be effective.

The psychosocial empowerment of rural women and girls, including women and girls with disabilities, involves three steps (see M. A. Zimmerman, *Empowerment Theory: Psychological, Organizational, and Community Levels of Analysis. Handbook of Community Psychology* (2000)). First, psychological distress must be reduced and participation in economic and social activities encouraged. Second, isolation must also be reduced by developing social relationships and networks. Finally, women's rights to participate in social and economic decision-making at all levels should be supported. The recognition that rural women have rights to ownership and participation in economic decisions is critical to their successful empowerment. A psychosocial approach to empowerment promotes rural women's and girls' recognition and development of their human rights and their strengths and provides resources and skills. Rural women, even while living in extreme poverty and suffering gender disparities and traditional role restrictions, play a critical role in family, food security and survival. They also enhance agricultural and rural development. Their vitality and resilience are protective factors to be nurtured because they provide psychological buffers helpful to avoiding and recovering from threats to their lives. Focusing on these strengths can serve as a basis for effective programmes.

Mental health and psychosocial well-being

Mental health is an essential, yet most neglected, contributor to achieving the Millennium Development Goals. Poor mental health is both a cause and a consequence of poverty. According to WHO, most persons with mental or psychosocial problems, especially those in poor countries, are not able to access income-generating opportunities and education, health, mental health or other social services. This severely limits their human rights. In addition, poverty and depression are strongly related, according to psychosocial research. Women in poor rural areas suffer from high levels of psychological distress and depression and are less likely to receive help than are urban women. Isolation, poor education and job opportunities, with little access to health and mental health care, contribute further to their poverty.

Rape, early marriage, high fertility rates and chronic illness suffered by rural women may also contribute to mental health problems. Women who work are poorly paid for low-level jobs. They are also burdened at home with unpaid household and family care work. These multiple stressors, including migration of husbands to find work, interact to cause anxiety and depression and further harm women by interfering with their ability to cope, resulting in the persistence of poverty in their lives and their communities. Rural women's motivation to develop a business that could move them out of poverty, reduce social isolation and increase their ability to fend for themselves is also inhibited by lack of education and business experience. Rural life in poverty prevents women from seeking psychosocial services. Social isolation, poor education, a fear of stigma and lack of transportation and health insurance make it difficult to gain access to psychosocial care. In many rural areas there are few or no trained psychologists, social workers or other health-care workers to help women meet these challenges.

Recommendations

Governments should invest funding for rural women and girls, including women and girls with disabilities, to:

1. **Promote their psychosocial empowerment and gender equality using these strategies**:

(a) Educate them about their human rights, personal strengths, skills and resources to foster their vitality and resilience as personal protective factors that offset poverty;

(b) Engage rural women and girls as active partners in planning and operating programmes at all decision-making levels;

(c) Encourage development of ownership, optimism and confidence in their ability to be effective by providing opportunities for participating in entrepreneurial, social and other development activities;

(d) Encourage and provide opportunities for expanding and strengthening capacity-building community networks through which information and entrepreneurial skills are shared;

(e) Provide and strengthen existing primary, secondary and higher education and training of rural women and girls;

(f) Provide equal access to economic opportunities and resources such as microcredit loans.

2. **Provide human resources and facilities to promote mental health and psychosocial well-being that**:

(a) Train local women peer coaches as mental health resources for the community, using available technology such as online communication and instruction. Psychologists, social workers and other mental health professionals can serve the community by training peer coaches to recognize mental health problems and provide services or referrals;

(b) Develop and evaluate a programme that deploys trained psychologists working with peer coaches to provide services and training;

(c) Build rurally accessible multidisciplinary integrated service centres and mobile vans to provide one-stop services; embed psychosocial and mental health practitioners in primary health care; provide family and social services, literacy and continuing education and business and entrepreneurial skill training;

(d) Improve roads and provide buses so that a multidisciplinary service centre is easily accessible to all women and girls;

(e) Offer low cost insurance or government grants to provide health and mental health services in rural areas;

(f) Train health and mental health-care providers to deliver accessible, informed and non-discriminatory services and education, addressing the unique health and mental health needs of girls and women with disabilities.

3. **Ensure that interventions and aid programmes that target rural women and girls are relevant to the demographic diversity among them**:

(a) Ensure that all intervention and research and evaluation projects are implemented according to ethical principles, with respect for the human rights and dignity of all rural women and girls, and with relevance to their demographic diversity.

4. **Reduce the burden of paid and unpaid work by**:

(a) Providing access to simple tools and technologies, such as solar ovens, pump wells, electricity, indoor plumbing, cell phones and the Internet;

(b) Reducing gender stereotyping of work by educating boys and men that caring for children, the elderly and the sick is family work to be shared by all;

(c) Developing community support services for child and elder care through local government agencies, service organizations and local and international organizations.

5. **Develop a research and programme evaluation database, using a multicultural, lifespan perspective, so that the population needs and effectiveness of poverty eradication programmes, for women and girls of different ages, racial and ethnic origins, regions and disability status, can be determined.**